fracture of the base of the skull - recovery.





FRACTURE OF THE BASE OF THE SKULL; RECOVERY.

BY GEORGE W. CRILE, A.M., M.D.,
PROFESSOR OF PHYSIOLOGY AND LECTURER ON MINOR SURGERY,
MEDICAL DEPARTMENT, UNIVERSITY OF WOOSTER,
CLEVELAND, OHIO.

On August 15, 1893, the subject of this reportfell from a scaffold fifty feet high, striking on the back of his head. When found he was unconscious and remained so for five days. Blood and serum escaped from both ears for two weeks after the accident. There was intense pain in the left eye, and the lid could not be closed. The patient was taken to the Huron Street Hospital, where he remained for about two weeks. I first saw him in my service at the City Hospital two weeks after the injury. I found that the left eye could not be closed, that there was diplopia, some headache, and complete paralysis of the abducens and facial nerves, also paralysis of the sensory division of the trigeminus. Dr. Upson, who kindly examined the eye, found the fundus normal. The pupil was in a constant state of mydriasis. Hearing was somewhat impaired on the left side. The patient was thirty-seven years old, of good individual and family history, and there was no evidence of specific disease to be found. The diagnosis of fracture of the base of the skull rests on the history of the violent injury to the head, followed by the discharge of blood and serum from the ears for two weeks, and paralysis of certain cranial nerves. The treatment consisted in full dose of potassium iodid. After several weeks the paralysis disappeared, all the lost functions were restored, and the patient left the hospital apparently well. From the symptoms and the history I have made the diagnosis of pressure from blood-clot at the base of the brain on the nerves paralyzed. There is a point at which a clot might press on these branches and yet be comparatively small.

I do not insist on the causal relation of the treatment to the recovery.



